

MEDR X

791 Highway 77 North, Suite 501C-316 Waxahachie, TX 75165
Ph 972-825-7231 Fax 214-230-5816

Notice of Independent Review Decision

DATE OF REVIEW: 10/19/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the retrospective medical necessity of Vicodin, Xanax, Daypro, Nexium and Zoloff.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer indicates that he both sees musculoskeletal pain patients in daily practice and prescribes medications of a similar nature during these patient encounters. He has been practicing for greater than 10 years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

The reviewer disagrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: MD.

These records consist of the following (duplicate records are only listed from one source):
Records reviewed: Month at a Glance & Coverage Status– July 2009; Progressive Medical

Drug Utilization Review – 5/5/09; IME Report – 1/21/09; Orthopaedic Center MRI Pre-authorization request – 8/19/08, MRI report – 9/20/05 & 8/15/08, Patient Profile – 8/15/08, WC Verification for Diagnostic/Surgical Procedures – 3/9/07, Test & Routing Procedure Form – 2/28/07, Office Notes – 5/3/06 & 8/11/06; DWC Form PLN11 – 7/18/08; letter – 2/21/08; letter – 1/2/08.

Records reviewed from MD: Office Notes – 11/9/06-7/29/09.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a patient who was injured at work on xx/xx/xx when he sustained a fall at work. He has been managed with lumbar surgery in 1997, 2000 and 2001. He has chronic sensory abnormalities in the extremities. He also has a right sided rotator cuff tear verified via MRI.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Regarding all the medications under review, the reviewer quotes the ODG. Regarding Vicodin the ODG notes when to Continue Opioids. (a) If the patient has returned to work (b) If the patient has improved functioning and pain

The reviewer indicates that subset “a” does not apply as the person is not currently working and that subset “b” is met. The note by Dr. on 7/29/09 notes that the patient continues to walk for exercise and has limited shoulder ROM. Therefore, this medication is approved.

Regarding Xanax .5mg BID. This medication is used for anxiety. This patient has a chronic pain syndrome which frequently yields anxiety. This medication is supported by the ODG “anxiety medicines in chronic pain”. Again, the reviewer quotes the ODG, Benzodiazepines may be recommended with initial treatment as an adjunct agent to SSRIs as the latter class of drugs is titrated. Benzodiazepines (short acting): Alprazolam (Xanax®, generic available): *Dosing information*: 0.25-1 mg TID or QID. Clonazepam (Klonopin®, generic available): *Dosing information*: 1-4 mg daily in two divided doses. The dose should be tapered downward during discontinuation by 0.125mg twice daily every 3 days. Doses of 1 mg are just as effective as higher doses, with less adverse effects. However, some patients may benefit from higher doses.

Regarding Daypro 600 mg BID. This medication is an NSAID. The ODG notes, “*Back Pain - Acute low back pain & acute exacerbations of chronic pain*: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting to negative evidence that NSAIDs are more effective than acetaminophen for acute LBP. For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. The addition of NSAIDs or spinal manipulative therapy does not appear to increase recovery in

patients with acute low back pain over that received with acetaminophen treatment and advice from their physician. *Back Pain - Chronic low back pain*: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. “ Regarding Nexium, 40 mg po qD, this is a proton pump inhibitor, PPI. Per the ODG, “Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary.” Based upon this recommendation, the NSAID with a PPI are approved as supported by the Guides.

Regarding Zoloft 50 mg po qD. This is a SSRI. This is a medication used for anxiety which is frequently present with chronic pain patients. The ODG indicates “class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. Also approved for major depressive disorder. *Dosing information*: 10-20 mg once daily. Paroxetine (Paxil®, generic available): Also recommended for PD, SAD, OCD, and PTSD as well as major depressive disorder. *Dosing information*: 20-50 mg daily. (Package insert, GlaxoSmithKline) Setraline (Zoloft®, generic available): Studies have shown effectiveness but not FDA-approved for this indication.

The reviewer notes that these medications are approved by the ODG for this type of injury and this patient’s condition. Therefore, they are approved as requested.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**